

12/21/01
1144US PTO

12-31-01

Benson A

PTO/SB/05 (2/98)

Approved for use through 09/30/2000. OMB 0651-0032

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37C.F.R. §1.53(b))

Attorney Docket No. PC11028AJAK

First Named Inventor or Application Identifier L. Kathryn Durham

Title Methods, Compositions and Kits Relating to Cardiovascular Disease

Express Mail Label No. EL911725610US

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
<p>1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small></p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 55]</p> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference in Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 11.3) [Total sheets 15]</p> <p>4. <input checked="" type="checkbox"/> Oath or Declaration [Total pages 3] <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) <p style="margin-left: 20px;">(for continuation/divisional with Box 17 completed) [Note Box 5 below]</p> <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§1.63(d)(2) and 1.33(b). </p> <p>5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p>		<p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Computer Readable Copy b. <input checked="" type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies </p>	
ACCOMPANYING APPLICATION PARTS			
<p>8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small></p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></p> <p>14. <input type="checkbox"/> *Small Entity <input type="checkbox"/> Statement filed in prior application, Status still proper and desired <small>(PTO/SB/09-12)</small></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></p> <p>16. <input type="checkbox"/> Other: Priority Claim</p>			
<small>*NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).</small>			
<p>17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____ / _____</p> <p>Prior application information: Examiner _____ Group/Art Unit: _____</p>			
18. CORRESPONDENCE ADDRESS			
<input type="checkbox"/> Customer Number or Bar Code Label		<small>(Insert Customer No. or Attach bar code label here)</small>	
		<small>or <input checked="" type="checkbox"/> Correspondence address below</small>	
Name	Gregg C. Benson		
Address	Pfizer Inc.		
Address	Patent Department, MS 4159, Eastern Point Road		
City	Groton	State	CT
Country	United States Of America	Telephone	1-(860)-441-4901
NAME (Print/type)	Jennifer A. Kispert	Registration No. (Attorney/Agent)	40,049
Signature			
Date	12/21/01		

FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.
These are the fees effective October 1, 2001.

Small Entity payments **must** be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

See 37 C.F.R. §§ 1.27 and 1.28.

Total Amount of Payment	(\$) 1,382.00
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Complete if Known

Application Number	To be assigned
Filing Date	Herewith
First Named Inventor	L. Kathryn Durham
Examiner Name	To be assigned
Group/Art Unit	To be assigned
Attorney Docket No.	PC11028AJAK

METHOD OF PAYMENT (check one)

1. The commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 16-1445

Deposit Account Name Pfizer Inc

- Charge Any Additional
37 Fee Required Under
C.F.R. §§ 1.16 and 1.17 Charge the Issue Fee Set in
37 C.F.R. § 1.18 at the Mailing
of the Notice of Allowance.

2. Payment Enclosed:

Check Money Order Other

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity	Small Entity				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge – late fee or oath	
127	50	227	25	Surcharge—late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	180	126	180	Submission of Information Disclosure Statement	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR 1.129(b))	
Other Fee (specify)					
Other Fee (specify)					
SUBTOTAL (1) (\$)	740.00				SUBTOTAL (3) (\$) 0

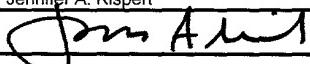
2. EXTRA CLAIM FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims	37	-20** = 17 X 18.00 = 306.00	
Independent Claims	7	- 3** = 4 X 84.00 = 336.00	
Multiple Dependent		=	

** or number previously paid, if greater; For Reissues, see below

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	Fee Description
103 18	203 9	Claims in excess of 20
102 84	202 42	Independent claims in excess of 3
104 280	204 140	Multiple dependent claim, if not paid
109 84	209 42	**Reissue independent claims over original patent
110 18	210 9	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$)	642.00	*Reduced by Basic Filing Fee Paid

Complete if Applicable

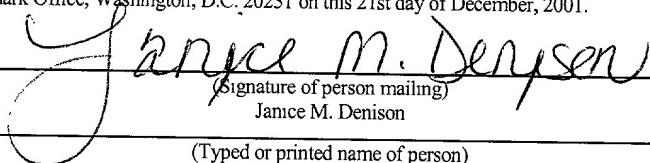
Type or Printed Name	Jennifer A. Kispert	Reg. Number	40,049
Signature		Deposit Account User ID	16-1445

EXPRESS MAIL NO. E19117256101

FEE TRANSMITTAL PTO SB 17.DOT 10/01

I hereby certify that this correspondence is being deposited with the United States Postal Service as express mail in an envelope addressed to:
Director – U.S. Patent and Trademark Office, Washington, D.C. 20231 on this 21st day of December, 2001.

By _____


(Signature of person mailing)
Jamice M. Denison

(Typed or printed name of person)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: L. KATHRYN DURHAM, ET AL. :

APPLICATION NO.: **TO BE ASSIGNED**

: Examiner: **To Be Assigned**

FILING DATE: **HEREWITH**

: Group Art Unit: **To Be Assigned**

TITLE: **METHODS, COMPOSITIONS AND KITS
RELATING TO CARDIOVASCULAR DISEASE**

Director – U.S. Patent and Trademark Office
Washington, D.C. 20231

STATEMENT REGARDING SUBMISSION
OF SEQUENCE LISTING UNDER 37 C.F.R. §1.821(f)

I hereby state that the information recorded in computer readable form is identical to
the written sequence listing.

Respectfully submitted,

Date: 12/21/01



Jennifer A. Kispert
Attorney for Applicant(s)
Reg. No. 40,049

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